## **EXHIBIT A**



ADVICE

1-877-320-0390



Noridian Healthcare Solutions, LLC P.O. Box 6727 Fargo, ND 58108

Return Service Requested

AUT0\*\*SCH 5-DIGIT 59414

3 1 AV 0-378

## ||Կոլորդեգիդոսե|Կլիեփ||ԿրեՍրելիվյակագոյհլեև

MINIMED DISTRIBUTION CORP MINIMED DISTRIBUTION CENTER D D3404 COLLECTION CENT. CHICAGO, IL 60693-0001

1356334577 1 of 4 PAGE #: DATE: 12/30/21 CHECK/EFT #: 92136201286 STATEMENT #: 20420000041DER

Receive your remittance advices electronically. You will receive payment information faster and may be able to post the information directly to your accounts. MREP, a free software, is available to view and print remittance data. Call CEDI at 1-866-311-9184 to sign up.



Noridian Great Corp. 221-Symposis, - SMJ ECF No. 37-1 filed 03/24/22 NPI: 1356334577 CHECK/EFT #: 92136201286

PageID.1737 Page 30 FRATE REMITTANCE ADVICE

PAGE #: 2 of 4

1-877-320-0390



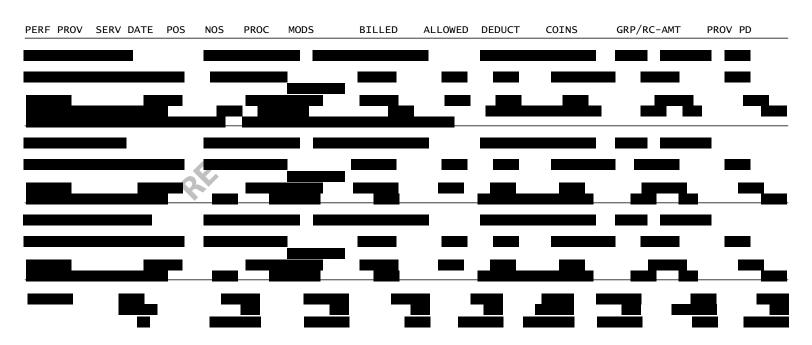
Noridian Gaset 2:21-Syt 00326-SMJ ECF No. 37-1 filed 03/24/22 PageID.1738 Page 40/15 ATE NPI: 1356334577 REMITTANCE ADVICE ADVICE

1-877-320-0390

ALLOWED DEDUCT PERF PROV SERV DATE POS NOS PROC MODS BILLED COINS GRP/RC-AMT PROV PD NAME OLSEN, JEREMY MID 2G85C49QH63 ACNT 03I18719301-2 ICN 21288839976002 ASG Y MOA MA67 364.98 1356334577 1013 101321 12 90.0 E1399 GXCC 1824.90 1824.90 0.00 1459.92 1824.90 0.00 1459.92 CLAIM TOTALS 1824.90 0.00 364.98 0.00 364.98 0.00 .00 ADJ TO TOTALS: PREV PD LATE FILING CHARGE 1459.92 INTEREST NET

Noridian Crespt Ricare-Gyt QQ 3256-SMJ ECF No. 37-1 filed 03/24/22 PageID.1739 Page 50 LEATE NPT: 1356334577 REMITTANCE CHECK/EFT #: 92136201286 ADVICE

> PAGE #: 4 of 4 1-877-320-0390



GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes

CO Contractual obligations

Other adjustment OA

PR Patient responsibility

151 Payment adjusted because the payer deems the information submitted does

not support this many/frequency of services.

The impact of prior payer(s) adjudication including payments and/or 23 adjustments. (Use only with Group Code OA)

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication.

96 Non-covered charge(s). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop) 2110 Service Payment Information REF), if

N425 Statutorily excluded serv ce(s).

Alert: Patient is a Medicaid/Qualified Medicare Beneficiary. Review N782 your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.

Alert: If you do not agree with what we approved for these services, you may appeal our decision. MA01 To make sure that we are fair to you, we require another individual that did not process your your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date of this notice, unless you have good reason for for being late.

**MA07** Alert: The claim information has also been forwarded to Medicaid for review.

Alert: You may be subject to penalties if you bill the patient for amounts not MA13 reported with the PR (patient responsibility) group code.

MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

**MA67** Alert: Correction to a prior claim.